

INTEGRATED PLAN AND PLANNING PROCESS

REDESIGN OF PROPOSAL

As a result of feedback from stakeholders, DMH is proposing a redesign of the MHSA Integrated Three-Year Program and Expenditure Plan (hereinafter referred to as the Integrated Plan) and Annual Updates for additional input. Major changes in this draft are:

- The elimination of intermediate steps towards the Integrated Plan so that we begin immediately with the first Integrated Plan which will be for Fiscal Years (FY) 2009/10, 2010/11, 2011/12.
- DMH intends to issue final guidelines for the 2009-10 Integrated Plan by 9/30/08. Further input on these guidelines will be sought at the July 30 meeting, and a draft of the guidelines will be reviewed by this workgroup in August.
- The revised design no longer includes the three-year staggered implementation of the Integrated Plan. All counties will begin in FY2009/10 and be on the same three-year cycle.
- We will view the Integrated Plan as a developmental process. We will start simply and use quality improvement principles to revise each three-year cycle to continue moving toward system integration and transformation.
- Each Integrated Plan will set the vision for the next three years, with a major focus on comprehensive planning in the first year of the cycle and the required Annual Updates in the intervening two years before the next three-year cycle.

VISION

The Integrated Plan will reflect the county's and community stakeholders' vision and strategic plan for transforming their public mental health system and how MHSA funding will interact with the rest of the system to move toward this vision over the upcoming three years. It is expected that each three-year planning process will increase in its ability to assess county progress toward a transformed system that incorporates the vision and core elements in the Act and regulations. The first Integrated Plan will look at the components of the MHSA that have been implemented and planned for, and how these components relate to one another and to the rest of the system. Performance indicators will initially be simple and focused on successful implementation and will get more sophisticated and directed toward person, system and community level outcomes as we progress. Although planning for the first three-year cycle will be somewhat limited due to time constraints and the fact that counties are still in planning processes for new components, once all of the components are implemented, each three-year planning cycle will include a comprehensive and inclusive planning process where community stakeholders will:

- a. Have information about how their public mental health system is functioning and moving toward transformation, including system self assessments and performance indicators, and
- b. Provide input for system growth and changes based upon this information.

INTEGRATED PLANNING PROCESS – FIRST CYCLE

General:

While community engagement is an on-going expectation, the basic idea of the Integrated Plan is that the major planning effort would occur in the year prior to the submission of the three-year plan with a less elaborate planning process for years two and three. If additional funds were to become available in years two and three it is anticipated that the county would have a priority list already developed as part of its three-year plan and unless circumstances had changed would follow that set of priorities. The planning process for this first three-year Integrated Plan will be different from subsequent ones in part because the time for the planning for the submission of the plan is shortened and partly because counties are still in the process of implementing major MHSA components.

Structure:

The general structure for the Integrated Plan and the Annual Updates for the two intervening years will be the same. It will consist of five parts:

1. Community planning process
2. Transformation and integration
3. Report on prior year's MHSA activities
4. Funding request summary for the upcoming year
5. Report on performance indicators

Content:

Described below is an outline of the key sections of the first Integrated Plan and subsequent Annual Updates.

1. Community Planning Process

- a. Brief description about how the county's community planning process met the requirements of Sections 3300, 3310 and 3315, including evidence documenting that the regulatory requirements were met.
- b. Information that will aid DMH in assessing the inclusive ness and robustness of the county's planning process such as:
 - (1) Indicate which of these mechanisms you used in your planning process
 - ☐ New planning groups created for this planning process
 - ☐ On-going planning and monitoring groups
 - ☐ Mental Health Board/Commission as a whole
 - ☐ MHB permanent subcommittees
 - ☐ MHB ad hoc subcommittees
 - ☐ Existing community groups/meetings
 - ☐ Community forums

- Focus groups for special areas/issues
 - (2) Provide a brief summary of the effectiveness of your planning process with respect to:
 - (a) Consumers and family members
 - (b) Cultural brokers
 - (c) CBO partners, including those working specifically with ethnic communities
 - (d) Agency partners
 - (3) Discuss any major challenges or issues with your planning process and steps you have taken or will take to address these

2. Transformation and Integration

- a. Briefly describe your goals for MHSA funding and services for the next three years, including but not limited to:
 - (1) Your vision of system transformation
 - (2) How MHSA funding will enhance system transformation over the next three years
 - (3) How you plan to move toward integration of MHSA programs/projects with one another and within your entire mental health service delivery system over the next three years.

3. Report on Prior Year's MHSA Activities

- a. Year One (Plan Submission 3/09; funding request for 09/10): This part of the Integrated Plan will be quite abbreviated since the county will have recently completed its CSS Implementation Progress Report which will have covered CY 2007 and there will not be sufficient activity in any other components in FY 07/08 to warrant a report. The CSS activities section of the Plan will consist of a brief narrative description of progress in providing service to unserved and underserved populations, with emphasis on reducing ethnic disparities.
- b. Annual Update for Years Two (Update submission 3/10; funding request for 10/11) and Three (Update submission 3/11; funding request for 11/12): The prior year's activities section will be more extensive than Year One and will include at least the following:
 - i. Progress in implementation of CSS, PEI, WET and Innovation components in terms of numbers of programs/projects implemented and service targets met (see indicators for Year Two)
 - ii. Brief narrative descriptions of implementation challenges and successes for PEI, WET and Innovation activities
 - iii. Qualitative self-assessment on progress in implementing the five essential elements of system transformation
 - iv. Evidence of sharing of state-provided data with stakeholders during the planning process (see indicators for Year Two)
 - v. STILL WORKING ON SPECIFIC REPORTING REQUIREMENTS

4. MHSA Funding Request Summary

Funding requests for the first Integrated Plan will be for FY 09-10 only and will include:

- a. Summary Listing of Approved work plans/programs/projects: (See attached Forms) For CSS work plans, PEI projects, WET , Capital Facilities and Technological Needs programs that have already been approved, including the following for each component
 - i. Name of work plan
 - ii. MHSA funding request for each work plan
 - iii. Estimated funding by service/funding category and/or age consistent with each component
 - iv. For CSS, request to transfer any funding to Workforce Education and Training, Capital Facilities and Technological Needs and prudent reserve.
 - v. In FY 09/10 only, prudent reserve plan for achieving required level of 50% of CSS service funding by FY 10/11.
 - vi. For services, a one-page description of the work plan/project/program (see attached for example)
- b. Not yet approved component plans: For counties which do not yet have approved PEI, WET, Cap/Tech and Innovation components, method to submit the FY 09/10 funding request on format consistent with above.
- c. New work plans/projects. (Either totally new work plans/projects or change in population served and/or service delivery/strategy in previously approved work plans/projects) (See attached Form) Note: specific guidelines will be established for each component. Example below is for Community Services and Supports.
 - i. Brief narrative description of the proposed work plan or project
 - ii. The anticipated number of persons who will be served (by gender, race/ethnicity, linguistic group and age for FSPs)
 - iii. An explanation of how the new program/service relates to the issues identified in the community planning process
 - iv. A description of how the proposed work plan or project relates to the five fundamental concepts of the MHSA
- d. A line item budget (see example)

Since DMH cannot estimate funds for years two and three, no estimated funding requests for subsequent years will be required; these requests will be in the Year Two and Three Annual Updates, once available funding for these years is known.

5. Report on Performance Indicators

The following tables describe the indicators that DMH will be reviewing for the first cycle of the Integrated Plan. County reporting on some of these indicators will be included in the first three parts of the Integrated Plan. In this section, DMH will provide a format for reporting on the indicators below that are not already included in the other parts of the plan.

**YEAR ONE OF FIRST THREE-YEAR INTEGRATED PLAN – TO BE
SUBMITTED MARCH 2009**

What	How Measure
1) <i>Financial</i> : MHSA funds are and will be used in compliance with CCR Section 3410 of Title 9, Non-Supplant.	MH Director Certification
2) <i>Financial</i> : At least a majority of the CCS budget is directed to FSPs (Section 3620(c).	CSS Budget
3) <i>Financial</i> : At least a majority of the PEI budget is directed to persons aged 25 and under. ¹	PEI Budget
4) <i>Financial</i> : Budgeted funding of the Prudent Reserve is in accord with the county's plan approved in the CSS Plan Update for FY 08-09.	MHSA Budget
5) <i>Community Planning Process</i> : The community planning process included the participation of stakeholders in accordance with CCR Sections 3300, 3310, 3315.	MH Director Certification
6) <i>Community Planning Process</i> : The draft Plan was circulated for 30 days to stakeholders for review and comment per Section 3315(a) of the CCR.	Documentation of process for 30-day comment
7) <i>Community Planning Process</i> : A public hearing was held on the draft Plan, and all input was considered with adjustments made, as appropriate.	Summary of input and actions taken in response to input
8) <i>Community Planning Process</i> : The community planning process included a review with stakeholders of the progress made on implementing the county's CSS Plan.	Brief description of process in the Community Planning Process part of the Plan
9) <i>Community Planning Process</i> : The community planning process included a review with stakeholders of data for FY 06/07 on numbers of new admissions by age, gender and ethnicity. (This will establish a baseline for information to be tracked in subsequent years)	Documentation of meetings in which information is shared and a brief summary of the comments
10) <i>Community Planning Process</i> : The community planning process included sharing with stakeholders state provided data on FSP performance.	Documentation of meetings in which information is shared and a brief summary of the comments

¹ Pending decision about how to handle PEI in year one of the first Integrated Plan

**YEAR 2 ANNUAL UPDATE OF FIRST THREE-YEAR INTEGRATED PLAN –
TO BE SUBMITTED MARCH 2010_– PRIOR YEAR REPORT PART OF PLAN
COVERS FY 08-09**

What	How Measured
1) <i>Programmatic</i> : County has implemented all of its CSS programs.	Plan Update
2) <i>Programmatic</i> : County has implemented at least one program in 85% of its PEI Projects, if the PEI Plan was approved before January 1, 2009.	Plan Update
3) <i>Programmatic</i> : County has achieved at least 85% of its service targets in the majority of its CSS work plans.	Plan Update based on Exhibit 6 data
4) <i>Programmatic</i> : County has achieved at least 35% of its anticipated person/family participation for selected or indicated prevention and early intervention programs. This is applicable <u>only</u> to counties whose PEI Plan was approved before January 1, 2009.	Plan Update based on PEI Tracking Form
5) <i>Community Planning Process</i> : The county shares with stakeholders state provided data on a) FSP performance; b) CSS Exhibit 6 activity; c) MHSIP results; d) PEI Tracking data; e) numbers (and FTEs) of consumer and family member employees funded with MHSA and (f) most current data on new admissions by age, gender and ethnicity; and any other data prepared for such purposes by DMH	Documentation of meetings in which information is shared and a brief summary of the comments
6) <i>Reporting</i> : The county submits all required reports in a timely fashion, including the Revenue and Expenditure Report, FSP data, PEI Tracking information, CSS Exhibit 6	DMH tracks receipt of reports
7) <i>Reporting</i> : The county's data is reasonably complete and accurate, and the county is accommodating to DMH's efforts to improve the quality of the data submission.	DMH judgment by the relevant unit receiving the data and reports

**YEAR 3 ANNUAL UPDATE OF FIRST THREE-YEAR INTEGRATED PLAN –
TO BE SUBMITTED MARCH 2011_– PRIOR YEAR REPORT PART OF PLAN
COVERS FY 09-10**

In the second Annual Update for the first Integrated Plan cycle (Year Three) we will begin to “test” and “try out” some Stage 2 indicators. Stage 2 is measuring the transformation. *The task for this current workgroup will be to talk about the process for developing Stage 2 indicators.*

ATTACHMENT

INDICATORS TO BE MEASURED BY OTHER MEANS

What	How Measured
1) <i>Financial</i> : MHSA Expenditures are allowable	Fiscal audits
2) <i>Financial</i> : County has a separate MHSA fund.	Fiscal audits
3) <i>Financial</i> : Interest from the MHSA Fund is retained in that Fund.	Fiscal audits
4) <i>Financial</i> : Fiscal reports are accurate.	Fiscal audits
5) <i>Financial</i> : Administrative allocations are appropriate.	Fiscal audits

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